

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

MADISON PROJECT INC.

ADDRESS (number and street)

PO BOX 66128

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20035

6128

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00298000

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☒July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE

Date

07

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
MADISON PROJECT INC.

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 8 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 8 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2008</span>   |                         | 43764.95                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 11781.98                |                                   |
| (c) Total Receipts (from Line 19) .....  | 142209.73               | 264771.76                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 153991.71               | 308536.71                         |
| 7. Total Disbursements (from Line 31) .....  | 133919.08               | 288464.08                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 20072.63                | 20072.63                          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 145277.40               |                                   |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
MADISON PROJECT INC.

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 8 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 51004.00                      | 82897.00                          |
| (i) Itemized (use Schedule A) .....  | 91121.68                      | 179034.46                         |
| (ii) Unitemized .....  | 142125.68                     | 261931.46                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤  | 142125.68                     | 261931.46                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 84.05                         | 2840.30                           |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 142209.73                     | 264771.76                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 142209.73                     | 264771.76                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                               |                                   |
| (i) Federal Share.....   | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....  | 133919.08                     | 288464.08                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡                        | 133919.08                     | 288464.08                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                          | 0.00                              |
| 29. Other Disbursements.....   | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....   | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 133919.08                     | 288464.08                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 133919.08                     | 288464.08                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 142125.68                     | 261931.46                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 142125.68                     | 261931.46                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 133919.08                     | 288464.08                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 84.05                         | 2840.30                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 133835.03                     | 285623.78                         |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS DOROTHY AISUP 907

Mailing Address 1681 255TH ST

City State Zip Code  
HARBOR CITY CA 90710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.24380

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT W ALBACH 232

Mailing Address 2200 LAKE SURREY DR

City State Zip Code  
RICHMOND VA 23235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.24279

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RON AMINI 787

Mailing Address 3508 LOST CREEK BLVD

City State Zip Code  
AUSTIN TX 78735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
PETROLEUM ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.25596

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR HAROLD R BANNISTER 028**

Mailing Address **PO BOX 643**

City State Zip Code  
**BRISTOL RI 02809**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**05 / 13 / 2008**

**Transaction ID: SA11AI.25266**

Amount of Each Receipt this Period

**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR HAROLD R BANNISTER 028**

Mailing Address **PO BOX 643**

City State Zip Code  
**BRISTOL RI 02809**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**06 / 24 / 2008**

**Transaction ID: SA11AI.28004**

Amount of Each Receipt this Period

**25.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR JOHN H BAUMGARTNER 190, JR**

Mailing Address **2886 HIGHLAND AVE**

City State Zip Code  
**BROOMALL PA 19008**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**06 / 02 / 2008**

**Transaction ID: SA11AI.26221**

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**175.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR EUGENE W BECKER 610

Mailing Address 1008 S LOGAN ST APT 12

City

LENA

State

IL

Zip Code

61048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.24339

Amount of Each Receipt this Period

159.00

**B.**

Full Name (Last, First, Middle Initial)

MR EUGENE W BECKER 610

Mailing Address 1008 S LOGAN ST APT 12

City

LENA

State

IL

Zip Code

61048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.24960

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MR EUGENE W BECKER 610

Mailing Address 1008 S LOGAN ST APT 12

City

LENA

State

IL

Zip Code

61048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.26595

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

244.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR HAROLD E BELDT 512**

Mailing Address **2672 LILY AVE**

City State Zip Code  
**SHELDON IA 51201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**435.00**

Date of Receipt

**04 / 09 / 2008**

**Transaction ID: SA11AI.23920**

Amount of Each Receipt this Period

**35.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR KAREN BLAKE 460, JR**

Mailing Address **11179 ESTANCIA WAY**

City State Zip Code  
**CARMEL IN 46032**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**05 / 13 / 2008**

**Transaction ID: SA11AI.25251**

Amount of Each Receipt this Period

**300.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR JOHN BRANDT 557**

Mailing Address **2129 12TH AVENUE E**

City State Zip Code  
**HIBBING MN 55746**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 17 / 2008**

**Transaction ID: SA11AI.27608**

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**435.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR GLENN BRANT 797**

Mailing Address **PO BOX 3396**

City State Zip Code  
**MIDLAND TX 79702**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 30 / 2008**

**Transaction ID: SA11AI.28312**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
**MR GLENN S BRANT 797**

Mailing Address **3134 TEALWOOD PL**

City State Zip Code  
**MIDLAND TX 79702**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US MILITARY**

Occupation  
**NCO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**04 / 07 / 2008**

**Transaction ID: SA11AI.23838**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
**MRS PATRICIA O' BRIEN 100**

Mailing Address **535 E 86TH ST # 20D**

City State Zip Code  
**NEW YORK NY 10028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06 / 25 / 2008**

**Transaction ID: SA11AI.28063**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MRS MURIEL R BROWN 940

Mailing Address 819 TOYON WAY

City

REDWOOD CITY

State

CA

Zip Code

94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.26906

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR MAURICE BRUMBELOW 990

Mailing Address 727 VILLARD ST

City

CHENEY

State

WA

Zip Code

99004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.24073

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SUSAN VALERIA BRUNOFF 175

Mailing Address 334 W CEDAR ST

City

NEW HOLLAND

State

PA

Zip Code

17557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.23819

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS SUSAN VALERIA BRUNOFF 175

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.24297

Amount of Each Receipt this Period

360.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS SUSAN VALERIA BRUNOFF 175

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.24627

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS SUSAN VALERIA BRUNOFF 175

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1770.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.25090

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR RONALD E CHANCE 460**

Mailing Address **19303 FLIPPINS RD**

City State Zip Code  
**WESTFIELD IN 46074**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**06 / 02 / 2008**

Transaction ID: SA11AI.26280

Amount of Each Receipt this Period

**200.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS ELIZABETH K COCHRAN 070**

Mailing Address **459 PASSAIC AVE APT 306**

City State Zip Code  
**WEST CALDWELL NJ 07006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3000.00**

Date of Receipt

**04 / 03 / 2008**

Transaction ID: SA11AI.23752

Amount of Each Receipt this Period

**1500.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS ELIZABETH K COCHRAN 070**

Mailing Address **459 PASSAIC AVE APT 306**

City State Zip Code  
**WEST CALDWELL NJ 07006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**6000.00**

Date of Receipt

**06 / 06 / 2008**

Transaction ID: SA11AI.26735

Amount of Each Receipt this Period

**3000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**4700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS M C CONKLIN 973

Mailing Address 2796 S MAIN RD UNIT 95

City State Zip Code  
LEBANON OR 97355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.25461

Amount of Each Receipt this Period

68.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS M C CONKLIN 973

Mailing Address 2796 S MAIN RD UNIT 95

City State Zip Code  
LEBANON OR 97355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.25700

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS M C CONKLIN 973

Mailing Address 2796 S MAIN RD UNIT 95

City State Zip Code  
LEBANON OR 97355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.26572

Amount of Each Receipt this Period

68.00

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MISS WANDA CRAWLEY 629

Mailing Address 1213 PRESTWICKE DR

City

HERRIN

State

IL

Zip Code

62948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.24100

Amount of Each Receipt this Period

3500.00

**B.**

Full Name (Last, First, Middle Initial)

BERNANDIEN WYNN CROSBY 824

Mailing Address 117 SIDDLE DR

City

CODY

State

WY

Zip Code

82414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.23993

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

BERNANDIEN WYNN CROSBY 824

Mailing Address 117 SIDDLE DR

City

CODY

State

WY

Zip Code

82414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.24639

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

3750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
CARL DANIELSEN 484

Mailing Address 4412 BROWN RD

City State Zip Code  
METAMORA MI 48455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.24407

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
CARL DANIELSEN 484

Mailing Address 4412 BROWN RD

City State Zip Code  
METAMORA MI 48455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.25507

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MARGARET E DAVENPORT 951

Mailing Address 825 APPLE VALLEY DR

City State Zip Code  
SAN JOSE CA 95125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.27032

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code  
AUGUSTA ME 04330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.24947

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PAUL DECLEVA 752

Mailing Address 350 N SAINT PAUL ST STE 1625

City State Zip Code  
DALLAS TX 75201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DP CONSULTANTS

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.25376

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DONALD B DINGER 220

Mailing Address 9100 POTOMAC WOODS LN

City State Zip Code  
GREAT FALLS VA 22066

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.25238

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR WILLIAM F DRIPPS 394**

Mailing Address **1404 32ND ST**

City State Zip Code  
**LAUREL MS 39440**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**247.00**

Date of Receipt

**04 / 21 / 2008**

Transaction ID: SA11AI.24420

Amount of Each Receipt this Period

**76.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR BREWSTER DURKEE 322**

Mailing Address **5027 RIVER POINT RD**

City State Zip Code  
**JACKSONVILLE FL 32207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**04 / 22 / 2008**

Transaction ID: SA11AI.24453

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS MARJORIE ERLAND 730**

Mailing Address **2100 NE 140TH ST APT 203D**

City State Zip Code  
**EDMOND OK 73013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**380.00**

Date of Receipt

**06 / 02 / 2008**

Transaction ID: SA11AI.26245

Amount of Each Receipt this Period

**140.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**466.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS MARGARET E EVANS 525

Mailing Address 520 BENTON AVE W APT 109

City State Zip Code  
ALBIA IA 52531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.23814

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS HELEN FARSON 918

Mailing Address 211 S 6TH ST APT 111

City State Zip Code  
ALHAMBRA CA 91801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.25281

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT B FERGUSON 926

Mailing Address 23072 LAKE CENTER DR STE 205

City State Zip Code  
LAKE FOREST CA 92630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.25475

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS THERESA FIORENTINO 900  
Mailing Address 41515 HILL DR

City State Zip Code  
LOS ANGELES CA 90041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.26010

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS INEZ C FORDYCE 935  
Mailing Address 311 CLARKE ST  
# A

City State Zip Code  
BISHOP CA 93514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.24681

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)  
MR FREDERICK M FRITZ 334  
Mailing Address 8029 SE LITTLE HARBOR

City State Zip Code  
HOBE SOUND FL 33455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.26734

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1435.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR RAY GAMBILL 731

Mailing Address 12212 LORIEN WAY

City State Zip Code  
OKLAHOMA CITY OK 73170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.24450

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ARNOLD GARRISON 024

Mailing Address 181 PINE RIDGE RD

City State Zip Code  
WABAN MA 02468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.24648

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN H GEIMAN 173

Mailing Address 541 W WALNUT ST

City State Zip Code  
HANOVER PA 17331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.26483

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

DONALD & PEGGY GREENMAN 212

Mailing Address 217 NORTHWAY

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28079

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DOROTHY G GRIFFIN 134

Mailing Address 8209 PHILLIPS RD

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VARFLEX CORP

Occupation

PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.27245

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD S GRIFFITH 705

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RICHARD GRIFFITH

Occupation

INVESTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28276

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR H R GUSTAFSON 992

Mailing Address 2612 E WHITE PINES LN

City

SPOKANE

State

WA

Zip Code

99223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.24226

Amount of Each Receipt this Period

101.00

**B.**

Full Name (Last, First, Middle Initial)

COL CARROL W GUTH 214

Mailing Address 108 MELVIN AVE

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US MILITARY

Occupation  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.25791

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

COL CARROL W GUTH 214

Mailing Address 108 MELVIN AVE

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US MILITARY

Occupation  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.27066

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR STEVE HAMPTON 730

Mailing Address 8509 OAKWOOD DR

City State Zip Code  
GUTHRIE OK 73044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MANAGER

Occupation  
FISH@MAGICBAIT.COM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.24646

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
DR JOHN J HARTFORD 945, MD

Mailing Address 3644 TERRA GRANADA DR APT 2A

City State Zip Code  
WALNUT CREEK CA 94595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.24713

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
DR JOHN J HARTFORD 945, MD

Mailing Address 3644 TERRA GRANADA DR APT 2A

City State Zip Code  
WALNUT CREEK CA 94595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.24915

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

DR JOHN J HARTFORD 945, MD

Mailing Address 3644 TERRA GRANADA DR APT 2A

City

WALNUT CREEK

State

CA

Zip Code

94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.25697

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEONARD C HARTKA 212

Mailing Address 7635 E NEW BATTLE GROVE RD

City

DUNDALK

State

MD

Zip Code

21222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUN AUTOMATION

Occupation  
DIRECTOR OF IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.26062

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR RAY C HAYES 630

Mailing Address PO BOX 557

City

SAINT ALBANS

State

MO

Zip Code

63073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PIMCO FUNDS

Occupation  
EXECUTIVE VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.26238

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS DORIS T HENDRICKS 212

Mailing Address 8810 WALTHER BLVD APT 2229

City State Zip Code  
BALTIMORE MD 21234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.24761

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
CAPT TATNALL HILLMAN 025

Mailing Address PO BOX 332

City State Zip Code  
CHILMARK MA 02535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US MILITARY

Occupation  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.24608

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JAMES HOUSTON 922

Mailing Address 345 N VIA LAS PALMAS

City State Zip Code  
PALM SPRINGS CA 92262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.26009

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS MILDRED HOWE 630

Mailing Address 716 BARHAM DOWN DR

City State Zip Code  
BALLWIN MO 63011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.24731

Amount of Each Receipt this Period

159.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DONALD HOWE 741

Mailing Address 10817 S QUEBEC AVE

City State Zip Code  
TULSA OK 74137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.24235

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
VIRGINIA HUG 978

Mailing Address 235 N 4TH AVE

City State Zip Code  
ELGIN OR 97827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.24445

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

409.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR TERRY HUTSON 717

Mailing Address PO BOX 688

City

BEARDEN

State

AR

Zip Code

71720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN AR UNIV TECH

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.24261

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL J ISAAC 105

Mailing Address 75 PROSPECT AVE

City

LARCHMONT

State

NY

Zip Code

10538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CADOGAN MANAGEMENT

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.26203

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR HARRY JEFFCOAT 352, JR

Mailing Address 5266 GRANTSWOOD RD

City

BIRMINGHAM

State

AL

Zip Code

35210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
MECHANICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.26444

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR J MALCOLM JONES 322

Mailing Address 3625 HENDRICKS AVE

City State Zip Code  
JACKSONVILLE FL 32207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.26809

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT J KANIA 152, JR

Mailing Address 1616 COOK SCHOOL RD

City State Zip Code  
UPPER ST CLAIR PA 15241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.24124

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CURTIS KATZ 110

Mailing Address 29 BARSTOW RD STE 202

City State Zip Code  
GREAT NECK NY 11021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.27347

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR JOHN R KEANE 103

Mailing Address 33 ELLSWORTH AVE

City State Zip Code  
STATEN ISLAND NY 10312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.23755

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN R KEANE 103

Mailing Address 33 ELLSWORTH AVE

City State Zip Code  
STATEN ISLAND NY 10312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.24415

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN R KEANE 103

Mailing Address 33 ELLSWORTH AVE

City State Zip Code  
STATEN ISLAND NY 10312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.24900

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN R KEANE 103

Mailing Address 33 ELLSWORTH AVE

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.26373

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR PATRICK W KEMP 214

Mailing Address 2900 SHIPMASTER WAY APT 301

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.24805

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R KENDALL 194

Mailing Address 255 AMOUR CIR

City

BLUE BELL

State

PA

Zip Code

19422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.27473

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS LINDA KENDALL 941

Mailing Address 2151 LAGUNA ST

City State Zip Code  
SAN FRANCISCO CA 94115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.28308

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JAMES S KERNAN 134

Mailing Address 273 CLINTON ST

City State Zip Code  
WHITESBORO NY 13492

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.23926

Amount of Each Receipt this Period

175.00

**C.**

Full Name (Last, First, Middle Initial)  
MR WALTER H KLEINER 980

Mailing Address 1725 89TH PL NE

City State Zip Code  
CLYDE HILL WA 98004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.25708

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR CONRAD LEEUW 076

Mailing Address 11 CHAPMAN DR

City

LITTLE FERRY

State

NJ

Zip Code

07643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.23743

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES J LEMONT 483

Mailing Address 54698 BELLINGHAM DR

City

SHELBY TOWNSHIP

State

MI

Zip Code

48316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.27264

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALAN LOEFFLER 731

Mailing Address 500 W MAIN ST APT 512

City

OKLAHOMA CITY

State

OK

Zip Code

73102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL CORP

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.24521

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID L LUKE 100, III

Mailing Address 775 PARK AVE

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.27421

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

FREDERICK B MAAS 479, III

Mailing Address 3315 W 450 N

City

W LAFAYETTE

State

IN

Zip Code

47906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.24612

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MRS HELEN L MARSHALL 226

Mailing Address 827 SUSAN AVE

City

WOODSTOCK

State

VA

Zip Code

22664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.23773

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MS JEAN B MASTERS 600

Mailing Address 1150 S OAK KNOLL DR

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.24116

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MISS HELEN P MAZELIN 467

Mailing Address 665 SPRUNGER ST

City

BERNE

State

IN

Zip Code

46711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.23818

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

JO M MEINERS 880

Mailing Address 1818 MISSOURI AVE

City

LAS CRUCES

State

NM

Zip Code

88001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.24518

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MISS MARY MELTZER 139**

Mailing Address **14 EDGECOMB RD**

City State Zip Code  
**BINGHAMTON NY 13905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**06 / 11 / 2008**

**Transaction ID: SA11AI.26819**

Amount of Each Receipt this Period

**750.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR MICHAEL MILLER 208**

Mailing Address **4402 BOXWOOD RD**

City State Zip Code  
**BETHESDA MD 20816**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

Date of Receipt

**04 / 01 / 2008**

**Transaction ID: SA11AI.23589**

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MISS MARGARET F MILLER 460**

Mailing Address **13553 KENSINGTON PL**

City State Zip Code  
**CARMEL IN 46032**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 02 / 2008**

**Transaction ID: SA11AI.26274**

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1300.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 37 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR WARREN MILLER 467

Mailing Address 929 WEST AVE

City State Zip Code  
KENDALLVILLE IN 46755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.24413

Amount of Each Receipt this Period

77.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WARREN MILLER 467

Mailing Address 929 WEST AVE

City State Zip Code  
KENDALLVILLE IN 46755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.25095

Amount of Each Receipt this Period

51.00

**C.**

Full Name (Last, First, Middle Initial)  
MR WARREN MILLER 467

Mailing Address 929 WEST AVE

City State Zip Code  
KENDALLVILLE IN 46755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.26084

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

133.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR KENDALL C MILLER 936

Mailing Address 7350 WAKEFIELD AVE

City

REEDLEY

State

CA

Zip Code

93654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENCAROL INC

Occupation

FARM MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.27020

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR RAYMOND C MJOLNESS 875

Mailing Address 207 DOS BRAZOS ST

City

LOS ALAMOS

State

NM

Zip Code

87544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.26159

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

LORI MORGAN 902

Mailing Address 10535 JULIUS AVE

City

DOWNEY

State

CA

Zip Code

90241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.24382

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
LORI MORGAN 902

Mailing Address 10535 JULIUS AVE

City State Zip Code  
DOWNEY CA 90241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.25501

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RALPH MUHLESTEIN 906

Mailing Address 8228 PINOSITAS RD

City State Zip Code  
WHITTIER CA 90605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.24379

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DONALD NESETH 600

Mailing Address 1065 E VICTORY DR #132

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.25843

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR DONALD NESETH 600

Mailing Address 1065 E VICTORY DR #132

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.27969

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN F O'DONNELL 920

Mailing Address 1838 MONSERRAT WAY

City State Zip Code  
VISTA CA 92081

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.26378

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MS MILDRED OLEGAR 853

Mailing Address 1909 W AMBER TRL

City State Zip Code  
SUN CITY AZ 85351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.24606

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 41 / 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT OWEN 804

Mailing Address 32743 UPPER BEAR CREEK RD

City State Zip Code  
EVERGREEN CO 80439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.24184

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT OWEN 804

Mailing Address 32743 UPPER BEAR CREEK RD

City State Zip Code  
EVERGREEN CO 80439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.24430

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT OWEN 804

Mailing Address 32743 UPPER BEAR CREEK RD

City State Zip Code  
EVERGREEN CO 80439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.24643

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR NICHOLAS I PETERS 207

Mailing Address PO BOX 32

City

BELTSVILLE

State

MD

Zip Code

20704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.23931

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

MR NICHOLAS I PETERS 207

Mailing Address PO BOX 32

City

BELTSVILLE

State

MD

Zip Code

20704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.24360

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

MR NICHOLAS I PETERS 207

Mailing Address PO BOX 32

City

BELTSVILLE

State

MD

Zip Code

20704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.25347

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR NICHOLAS I PETERS 207

Mailing Address PO BOX 32

City State Zip Code  
BELTSVILLE MD 20704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.26029

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RODNEY PICKING 681

Mailing Address 7433 IDLEDALE LN

City State Zip Code  
OMAHA NE 68112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.25903

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)  
COL WALTER PLUMMER 217

Mailing Address 103 W 2ND ST

City State Zip Code  
FREDERICK MD 21701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US MILITARY

Occupation  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.23897

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

3170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 44 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

COL WALTER PLUMMER 217

Mailing Address 103 W 2ND ST

City

FREDERICK

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US MILITARY

Occupation  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.24928

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

COL WALTER PLUMMER 217

Mailing Address 103 W 2ND ST

City

FREDERICK

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US MILITARY

Occupation  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.25944

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

DR EDWARD PROBST 472, JR MD

Mailing Address 1920 FRANKLIN ST

City

COLUMBUS

State

IN

Zip Code

47201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.25643

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR LUNSFORD RICHARDSON 068, JR

Mailing Address 7 INDIAN SPRING RD

City State Zip Code  
NORWALK CT 06853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.24419

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MISS MONTE RICHARDSON 288

Mailing Address 36 LAMBETH DR

City State Zip Code  
ASHEVILLE NC 28803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.23707

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
MISS MONTE RICHARDSON 288

Mailing Address 36 LAMBETH DR

City State Zip Code  
ASHEVILLE NC 28803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.24815

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 46 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MISS MONTE RICHARDSON 288

Mailing Address 36 LAMBETH DR

City State Zip Code  
ASHEVILLE NC 28803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.27728

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS JEANETTE M RODEGHIER 544

Mailing Address 1440 TOWNSHIP AVE

City State Zip Code  
WISCONSIN RAPIDS WI 54494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.24501

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)  
MR STANFORD Z ROTHSCHILD 212

Mailing Address 1122 KENILWORTH DR  
THE EXCHANGE- SUITE 317

City State Zip Code  
TOWSON MD 21204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ROTHSCHILD CAPITAL MGMT

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.24406

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

JENIFER M SAMPSON 506

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.26631

Amount of Each Receipt this Period

53.00

**B.**

Full Name (Last, First, Middle Initial)

MS CLARA M SATORIUS 532

Mailing Address 1012 S 58TH ST

City

MILWAUKEE

State

WI

Zip Code

53214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.24012

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR FRED W SCHEIGERT 223

Mailing Address 123 S PITT ST

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.25195

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

353.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

DR BARRY A SCHLECH 760

Mailing Address 120 ENCHANTED CT S

City

BURLESON

State

TX

Zip Code

76028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCON RESEARCH

Occupation

MICROBIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.28206

Amount of Each Receipt this Period

262.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD R SCISRES 940

Mailing Address 26700 PALO HILLS DR

City

LOS ALTOS HILLS

State

CA

Zip Code

94022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.25614

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALAN SCOTT 852

Mailing Address 16444 N 56TH PL

City

SCOTTSDALE

State

AZ

Zip Code

85254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.25578

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

4362.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR ALAN SCOTT 852

Mailing Address 16444 N 56TH PL

City

SCOTTSDALE

State

AZ

Zip Code

85254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.28008

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MERRILY SHEARHART 738

Mailing Address 2801 ROBIN RIDGE RD

City

WOODWARD

State

OK

Zip Code

73801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.24246

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR PAUL R SJOLUND 553

Mailing Address 4790 BAYCLIFFE RD

City

EXCELSIOR

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAUL & DAWN SJOLUND FOUND-  
ATION

Occupation  
TRUSTEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.24295

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
 MISS ELIZABETH SKAPIN 441

Mailing Address 4445 W 215TH ST

City State Zip Code  
**FAIRVIEW PARK OH 44126**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 8

**Transaction ID: SA11AI.25293**

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
 MISS ELIZABETH SKAPIN 441

Mailing Address 4445 W 215TH ST

City State Zip Code  
**FAIRVIEW PARK OH 44126**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 8

**Transaction ID: SA11AI.26100**

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
 MISS ELIZABETH SKAPIN 441

Mailing Address 4445 W 215TH ST

City State Zip Code  
**FAIRVIEW PARK OH 44126**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 8

**Transaction ID: SA11AI.28167**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS BEVERLY V SMITH 117

Mailing Address 337 MARCY ST

City State Zip Code  
WEST BABYLON NY 11704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VA H NORTHPORT NY

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.23751

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS BEVERLY V SMITH 117

Mailing Address 337 MARCY ST

City State Zip Code  
WEST BABYLON NY 11704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VA H NORTHPORT NY

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.24330

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
EVA SMITH 809

Mailing Address 3325 CEDAR HEIGHTS DR

City State Zip Code  
COLORADO SPRINGS CO 80904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.24157

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS PAMELA STATILE 078

Mailing Address 17 WALDON RD

City State Zip Code  
CALIFON NJ 07830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DTW MARKET RESEARCH

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.26897

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR CHARLES O STIEHL 495

Mailing Address 4622 BLAINE AVE SE

City State Zip Code  
GRAND RAPIDS MI 49508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.23781

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)  
MR HARRY STOUT 479

Mailing Address 1142 CHERRY LN

City State Zip Code  
WEST LAFAYETTE IN 47906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.23963

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
ADA ANDERSON STRASENBURGH 082  
Mailing Address PO BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.24192

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
ZDZISLAW K STRZALKOWSKI 170  
Mailing Address 6 DANDELION DR

City State Zip Code  
BOILING SPRINGS PA 17007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.25087

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR SHERWIN H TERRY 299  
Mailing Address 301 TIDEPOINTE WAY

City State Zip Code  
HILTON HEAD ISLAND SC 29928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.24548

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR JESSE L UPCHURCH 761

Mailing Address 6805 LAUREL VALLEY DR

City

FORT WORTH

State

TX

Zip Code

76132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIRTUOSO LTD

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.24673

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES VAN VALKENBURG 190

Mailing Address 535 GRADYVILLE RD # B125

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.24556

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ANGELA WAITE 941

Mailing Address 1200 CALIFORNIA ST

City

SAN FRANCISCO

State

CA

Zip Code

94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.24614

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MS MYRA B WARD 737

Mailing Address 900 BROOKSIDE DR

City State Zip Code  
ENID OK 73703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
OIL & GAS INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.24489

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT W WARING 731

Mailing Address 2912 N WINDSOR BLVD

City State Zip Code  
OKLAHOMA CITY OK 73127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.25354

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR PAUL WATSON 631

Mailing Address 11 BERKLEY LN

City State Zip Code  
SAINT LOUIS MO 63124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.24351

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR FREDERICK WEBSTER 600

Mailing Address 945 WOODLAND DR

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.25853

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WINCKLER 511

Mailing Address PO BOX 864

City

SIOUX CITY

State

IA

Zip Code

51102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.24149

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES WURZ 134, JR

Mailing Address 6301 SUTLIFF RD

City

ORISKANY

State

NY

Zip Code

13424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.26258

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

51004.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 80

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX COLLECTION FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23516

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.50

**B.**

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
SERVICE FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.12

**C.**

Full Name (Last, First, Middle Initial)  
BLEPO INC

Mailing Address 6001 BRIDGE STREET

City FORT WORTH State TX Zip Code 76112

Purpose of Disbursement  
WEB DEVELOPMENT & MAINTENANCE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23573

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.80

**SUBTOTAL** of Disbursements This Page (optional) .....

34.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW<br/>SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING</p> <p>Candidate Name<br/>MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.23531</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 2 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>900.68</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW<br/>SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING</p> <p>Candidate Name<br/>MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.23532</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>4122.27</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW<br/>SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING</p> <p>Candidate Name<br/>MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.23533</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 1 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>4711.60</p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

9734.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW<br/>SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING</p> <p>Candidate Name<br/>MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> SB21B.23535</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 2 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>1510.25</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CARDINAL PRESS</p> <p>Mailing Address 218 INDUSTRIAL DR</p> <p>City FREDERICKS State VA Zip Code 22408</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING</p> <p>Candidate Name<br/>MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                               | <p><b>Transaction ID:</b> SB21B.23536</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 5 / 1 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>2444.71</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CENTURY DATA MAILING SERVICES</p> <p>Mailing Address 1155 - 15TH ST, NW<br/>SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING</p> <p>Candidate Name<br/>MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.23555</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>4300.00</p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

8254.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 80

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.23556

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3704.70

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.23557

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4238.31

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.23558

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11043.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23559

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

17082.28

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23560

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

12413.46

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23561

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

4118.98

**SUBTOTAL** of Disbursements This Page (optional) .....

33614.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CENTURY DATA SYSTEMS</p> <p>Mailing Address 1155 - 15TH ST, NW<br/>SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB21B.23537</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1311.92"/></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CENTURY DATA SYSTEMS</p> <p>Mailing Address 1155 - 15TH ST, NW<br/>SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB21B.23538</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1928.70"/></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CENTURY DATA SYSTEMS</p> <p>Mailing Address 1155 - 15TH ST, NW<br/>SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB21B.23539</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1946.71"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**5187.33**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CENTURY DATA SYSTEMS</p> <p>Mailing Address 1155 - 15TH ST, NW<br/>SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.23540</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1313.41"/></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CHASE CARD SERVICES</p> <p>Mailing Address PO BOX 15153</p> <p>City WILMINGTON State DE Zip Code 19886</p> <p>Purpose of Disbursement CHASE CARD SERVICES</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> SB21B.23574</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CHASE CARD SERVICES</p> <p>Mailing Address PO BOX 15153</p> <p>City WILMINGTON State DE Zip Code 19886</p> <p>Purpose of Disbursement CHASE CARD SERVICES</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> SB21B.23575</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**1763.41**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING</p> <p>Candidate Name<br/>MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.23541</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 0 9 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>10856.23</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING</p> <p>Candidate Name<br/>MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.23542</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 1 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>9193.85</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING</p> <p>Candidate Name<br/>MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.23543</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>343.72</p>   |

**SUBTOTAL** of Disbursements This Page (optional) .....

20393.80

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 80

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

|  |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>CONSOLIDATED MAILING SERVICES   | <b>Transaction ID:</b> SB21B.23544<br><b>Date of Disbursement</b>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 504 SHAW ROAD  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 7 |  | 2 | 0 | 0 | 8 |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |          | 0 | 7 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City STERLING State VA Zip Code 20166  | <b>Amount of Each Disbursement this Period</b>  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>DIRECT MAIL FUNDRAISING<br>Candidate Name<br>MADISON PROJECT INC.   | <table border="1"> <tr> <td colspan="10">2200.00</td> </tr> </table>  | 2200.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2200.00  |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>CONSOLIDATED MAILING SERVICES   | <b>Transaction ID:</b> SB21B.23545<br><b>Date of Disbursement</b>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 504 SHAW ROAD  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 4 |  | 2 | 0 | 0 | 8 |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |          | 1 | 4 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City STERLING State VA Zip Code 20166  | <b>Amount of Each Disbursement this Period</b>  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>DIRECT MAIL FUNDRAISING<br>Candidate Name<br>MADISON PROJECT INC.   | <table border="1"> <tr> <td colspan="10">10258.54</td> </tr> </table>   | 10258.54 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 10258.54   |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>CONSOLIDATED MAILING SERVICES   | <b>Transaction ID:</b> SB21B.23546<br><b>Date of Disbursement</b>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 504 SHAW ROAD  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 1 |  | 2 | 0 | 0 | 8 |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |          | 2 | 1 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City STERLING State VA Zip Code 20166  | <b>Amount of Each Disbursement this Period</b>  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>DIRECT MAIL FUNDRAISING<br>Candidate Name<br>MADISON PROJECT INC.   | <table border="1"> <tr> <td colspan="10">7138.87</td> </tr> </table>  | 7138.87  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 7138.87  |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

19597.41

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 / 80

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial)  
CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City State Zip Code  
STERLING VA 20166Purpose of Disbursement  
DIRECT MAIL FUNDRAISINGCandidate Name  
MADISON PROJECT INC.Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23547

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

755.60

**B.** Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANKMailing Address 11325 RANDOM HILLS DR  
SUITE 240City State Zip Code  
FAIRFAX VA 22030Purpose of Disbursement  
MERCHANT SERVICE CHARGECandidate Name  
MADISON PROJECT INC.Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23518

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 2 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

151.20

**C.** Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANKMailing Address 11325 RANDOM HILLS DR  
SUITE 240City State Zip Code  
FAIRFAX VA 22030Purpose of Disbursement  
AMEX COLLECTION FEECandidate Name  
MADISON PROJECT INC.Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23521

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 2 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

4.50

SUBTOTAL of Disbursements This Page (optional) .....

911.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 80

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
MONTHLY SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23524

Date of Disbursement

/   /

Amount of Each Disbursement this Period

77.89

**B.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23527

Date of Disbursement

/   /

Amount of Each Disbursement this Period

22.75

**C.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23519

Date of Disbursement

/   /

Amount of Each Disbursement this Period

143.21

**SUBTOTAL** of Disbursements This Page (optional) .....

243.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
AMEX COLLECTION FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.23522

Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

4.50

**B.** Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
MONTHLY SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.23525

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

74.41

**C.** Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.23528

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

13.49

**SUBTOTAL** of Disbursements This Page (optional) .....

92.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23520

Date of Disbursement

/   /

Amount of Each Disbursement this Period

113.41

**B.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
AMEX COLLECTION FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23523

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.50

**C.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
MONTHLY SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23526

Date of Disbursement

/   /

Amount of Each Disbursement this Period

126.16

**SUBTOTAL** of Disbursements This Page (optional) .....

244.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23529

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

40.50

**B.**

Full Name (Last, First, Middle Initial)  
INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23548

Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

3828.01

**C.**

Full Name (Last, First, Middle Initial)  
INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23549

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

4261.03

**SUBTOTAL** of Disbursements This Page (optional) .....

8129.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
LAGANA PRINTING

Mailing Address 513 C STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
STATIONARY & ENVELOPES

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23576

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1072.05

**B.**

Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23550

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2681.15

**C.**

Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23553

Date of Disbursement

/   /

Amount of Each Disbursement this Period

494.52

**SUBTOTAL** of Disbursements This Page (optional) .....

4247.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 80

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23551

Date of Disbursement

/   /

Amount of Each Disbursement this Period

505.64

**B.**

Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23552

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1379.06

**C.**

Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.23554

Date of Disbursement

/   /

Amount of Each Disbursement this Period

259.25

**SUBTOTAL** of Disbursements This Page (optional) .....

2143.95

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

|   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MACKENZIE & COMPANY  | <b>Transaction ID:</b> SB21B.23578<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3464 S UTAH STREET  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 9 |  | 2 | 0 | 0 | 8 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 4   |         | 2 | 9 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City ARLINGTON State VA Zip Code 22206  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>REIMB - PO BOX RENTAL (US POSTMASTER)  | <table border="1"> <tr> <td>484.00</td> </tr> </table>  | 484.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 484.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>MADISON PROJECT INC.  | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>PATTON-KIEHL GROUP INC   | <b>Transaction ID:</b> SB21B.23562<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO BOX 590  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 8 |  | 2 | 0 | 0 | 8 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 6   |         | 1 | 8 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City THORNBURG State VA Zip Code 22565  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>DIRECT MAIL FUNDRAISING  | <table border="1"> <tr> <td>1240.64</td> </tr> </table>   | 1240.64 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1240.64   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>MADISON PROJECT INC.  | <table border="1"> <tr> <td>003</td> </tr> </table> Category/<br>Type   | 003     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 003   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>US POSTMASTER  | <b>Transaction ID:</b> SB21B.23530<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address MERRIFIELD  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 5 |  | 2 | 0 | 0 | 8 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 4   |         | 2 | 5 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City VIENNA State VA Zip Code 22182   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PO BOX RENTAL  | <table border="1"> <tr> <td>485.00</td> </tr> </table>  | 485.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 485.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>MADISON PROJECT INC.  | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

2209.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 80

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>VALLEY SELF STORAGE  | <b>Transaction ID:</b> SB21B.23580<br><b>Date of Disbursement</b>          |
| Mailing Address 37221 E RICHARDSON LANE   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 8</div> </div> |
| City State Zip Code<br>PURCELLVILLE VA 20132  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>STORAGE BIN  | <div> <div></div> <div>300.00</div> </div>                                 |
| Candidate Name<br>MADISON PROJECT INC.  | <div> <div>001</div> <div>Category/<br/>Type</div> </div>                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>WASHINGTON INTELLIGENCE BUREAU   | <b>Transaction ID:</b> SB21B.23563<br><b>Date of Disbursement</b>          |
| Mailing Address 4128 PEPSI PL   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 0 8</div> </div> |
| City State Zip Code<br>CHANTILLY VA 20151   | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>CAGING & ESCROW SERVICES   | <div> <div></div> <div>1602.20</div> </div>                                |
| Candidate Name<br>MADISON PROJECT INC.  | <div> <div>001</div> <div>Category/<br/>Type</div> </div>                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>WASHINGTON INTELLIGENCE BUREAU   | <b>Transaction ID:</b> SB21B.23564<br><b>Date of Disbursement</b>          |
| Mailing Address 4128 PEPSI PL   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 8</div> </div> |
| City State Zip Code<br>CHANTILLY VA 20151   | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>CAGING & ESCROW SERVICES   | <div> <div></div> <div>1456.62</div> </div>                                |
| Candidate Name<br>MADISON PROJECT INC.  | <div> <div>001</div> <div>Category/<br/>Type</div> </div>                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**3358.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 80

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PL

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
CAGING & ESCROW SERVICES

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.23565

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1169.51

**B.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PL

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
CREDIT CARD HOLDBACK

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.23566

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2169.51

**TOTAL** This Period (last page this line number only) .....

133374.41

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 76 / 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AVALANCHE SERVICESNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING

Mailing Address 53 MCGARRY BLVD

City State ZIP Code  
KEARNYSVILLE WV 25430

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.23499

Amount Incurred This Period

1887.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1887.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BMW DIRECT INCNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMPMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

31380.72

Transaction ID: SD10.6951

Amount Incurred This Period

13920.86

Payment This Period

11244.80

Outstanding Balance at Close of This Period

34056.78

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CARDINAL PRESSNature of Debt (Purpose):  
DIRECT MAIL PAC FUNDRAISI-  
NG FOR TMP

Mailing Address 218 INDUSTRIAL DR

City State ZIP Code  
FREDERICKS VA 22408

Outstanding Balance Beginning This Period

2444.71

Transaction ID: SD10.23484

Amount Incurred This Period

5627.00

Payment This Period

2444.71

Outstanding Balance at Close of This Period

5627.00

1) **SUBTOTALS** This Period This Page (optional).....

41571.28

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 77 / 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CENTURY DATA MAILING SERVICESNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMPMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

8004.70

Transaction ID: SD10.6956

Amount Incurred This Period

62327.64

Payment This Period

48957.73

Outstanding Balance at Close of This Period

21374.61

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CENTURY DATA SYSTEMSNature of Debt (Purpose):  
DATA PROCESSINGMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

8977.27

Transaction ID: SD10.6952

Amount Incurred This Period

967.62

Payment This Period

6500.74

Outstanding Balance at Close of This Period

3444.15

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COLORTREE OF VIRGINIANature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING

Mailing Address 2519 BRITTONS HILL RD

City State ZIP Code  
RICHMOND VA 23230

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.23505

Amount Incurred This Period

5227.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

5227.25

**1) SUBTOTALS** This Period This Page (optional).....

30046.01

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 78 / 80

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CONSOLIDATED MAILING SERVICES

Nature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMP

Mailing Address 504 SHAW ROAD

City State ZIP Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

42401.04

Transaction ID: SD10.6954

Amount Incurred This Period

-250.43

Payment This Period

40746.81

Outstanding Balance at Close of This Period

1403.80

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ELECTRONIC REPORTING SYSTEMS INC

Nature of Debt (Purpose):  
ELECTRONIC DISCLOSURE REP-  
ORTING

Mailing Address 683 BERRYVILLE AVE

City State ZIP Code  
WINCHESTER VA 22601

Outstanding Balance Beginning This Period

2273.00

Transaction ID: SD10.23487

Amount Incurred This Period

1347.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

3620.40

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INTEGRAM

Nature of Debt (Purpose):  
DIRECT MAIL PAC FUNDRAISI-  
NG FOR TMP

Mailing Address 8421 HILLTOP ROAD

City State ZIP Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

8089.04

Transaction ID: SD10.23489

Amount Incurred This Period

7749.74

Payment This Period

8089.04

Outstanding Balance at Close of This Period

7749.74

1) **SUBTOTALS** This Period This Page (optional).....

12773.94

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 79 / 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LEGACY LIST MANAGEMENT INCNature of Debt (Purpose):  
LIST RENTALSMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

39485.65

Transaction ID: SD10.6955

Amount Incurred This Period

5682.64

Payment This Period

5319.62

Outstanding Balance at Close of This Period

39848.67

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MDI IMAGING & MAILNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING

Mailing Address 21721-A FILIGREE CT

City State ZIP Code  
ASHBURN VA 20147

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.23510

Amount Incurred This Period

5228.49

Payment This Period

0.00

Outstanding Balance at Close of This Period

5228.49

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PATTON-KIEHL GROUP INCNature of Debt (Purpose):  
DIRECT MAIL PAC FUNDRAISI-  
NG FOR TMP

Mailing Address PO BOX 590

City State ZIP Code  
THORNBURG VA 22565

Outstanding Balance Beginning This Period

1240.64

Transaction ID: SD10.23492

Amount Incurred This Period

0.00

Payment This Period

1240.64

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

45077.16

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 80 / 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RST MARKETINGNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING

Mailing Address 1272 CORPORATE PARK RD

City State ZIP Code  
FOREST VA 24551

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.23512

Amount Incurred This Period

12355.39

Payment This Period

0.00

Outstanding Balance at Close of This Period

12355.39

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):  
MONEY PROCESSING & ESCROW

Mailing Address 4128 PEPSI PL

City State ZIP Code  
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

4228.33

Transaction ID: SD10.6958

Amount Incurred This Period

4453.62

Payment This Period

5228.33

Outstanding Balance at Close of This Period

3453.62

1) **SUBTOTALS** This Period This Page (optional)..... ▶

15809.01

2) **TOTALS** This Period (last page this line number only)..... ▶

145277.40

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

145277.40